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Docket No: 2821 (203-3253)IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Jonathan Martinek

EXAMINER: James L. Swiger III

SERIAL No.: 10/774,828

GROUP: Art Unit 3733

FILED: July 6, 2004

DATED: May 23, 2007

TITLE: **INSTRUMENT KIT AND METHOD FOR  
PERFORMING MENISCAL REPAIR**Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**AMENDMENT TRANSMITTAL FORM**

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Applicant claims small entity status of this application under 37 C.F.R. 1.27☐ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDL. FEE		RATE	ADDL. FEE
TOTAL * 19	MINUS	** 20	=	0	x 25=	\$		x 50=	\$
INDEP. * 3=4	MINUS	*** 3	=	1	x 100=	\$	OR	x 200=	\$200.00
					x 180=	\$		x 360=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					TOTAL	\$ 0.00		TOTAL	\$200.00

\* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.

\*\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

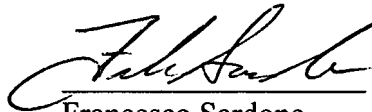
CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Dated: May 23, 2007  
Nicole Rispone

- ☒ Please charge Deposit Account No. 21-0550 in the amount of \$200.00. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$      is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



Francesco Sardone  
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Attorney for Applicant(s)

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